DISTRICT II

104 rievised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Sante Fe, New Mexico 87504-2088

P.O. Box Drawer DD, Artesia, NM 88210

DISTRICT III

P.O. Box 1980, Hobbs, NM 88240

1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

l													
Operator OXY USA INC.								Well API No. 30 025 25677					
Address P.O. BOX 502	250, MIDL	AND, TX	(7971	10									
New Well Change in Transporter of:								Other (Please explain)					
Recompletion Oil			inge in Transporte∂oi: ☐ Dry Gas					i	•	. ,			
Change in Operator		Casinghead Gas			ö	Condensate	• 🗀	j					
	4 - 44												
If change of operator give name and of previous operator	d Sociess	TEXACO	D EXF	PLORATI	ON &	PRODUCTION	ON INC, P.O	. BOX 730, H	OBBS, NM 8	8240			
II. DESCRIPTION OF WEL	LANDI	FASE	-										
Lease Name					Name, Including Formation		Kind o	f Lease State, Fede	rai or Fee Lease	No.			
MYERS LANGLIE MATTIX	74			LA	NGLIE MATTI	7 RVRS Q GRAYBURG			EE				
Location Unit Letter			1.93	30	East E	rom The N	IORTH Lin	e and <u>560</u>	Feet	From The E	AST L	ine	
											LEA_C		
Section	31		_ 10	wnsnip	233		Kan8e	<i>VI</i> L					
III. DESIGNATION OF TRA	ANSPOR	TER OF	OIL A	ND NAT	URAL	GAS							
Name of Authorized Transport	er of		Oil	\boxtimes	Cor	idensate 🔲	Address (Giv	e address to w	hich approved o	copy of this for	n is to be sent)		
Texas New Mexico Pipeline Company							1670 Broadway Denver, Colorado 80202						
Name of Authorized Transporter of Casinghead Gas Dry Gas							Address (Give address to which approved copy of this form is to be sent)						
Texaco Exploration & Product	Uni		Sec.	Twp.	Rge.	P. O. Box 1137 Eunice, New Mexico 8 Is gas actually connected? When							
if Well Produces oil or liqui give locaton of tanks	ids,		G	5ec.	245	37E	YES	,			12/11/77		
If this production is comming	ed with the				4		g order numbe	 ev:					
IV. COMPLETION DATA	Ou William	ii nom an,	, 0	10200 01	, g.		6						
				Oil W	ell	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Con	npletion			<u> </u>			Total Depth			P.B.T.D			
Date Spudded		Date C	Compl.	Ready to	Prod.					F.B.1.D			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation							Top Oil/Gas Pay			Tubing Depth			
Perforations							<u></u>			Depth Casing	g Shoe		
-				TUBING	G. CA	SING AND	CEMENTI	NG RECOR	RD.	L			
HOLE SIZE	CASING and TUBING SIZE					DEPTH SET			SACKS CEMENT				
											<u> </u>		
													
							 			 			
V. TEST DATA AND REC	UEST F	OR ALL C)WAF	RI F						<u> </u>			
					ne of k	ad oil and m	ust be equal	to or exceed t	op allowable f	or this depth	or be a full 24	hours.)	
Date First New Oil Run To Ta			of Tes					Aethod (Flow, p					
1	Tables Pressure					Casing Pressure			Choke Size				
Length of Test	Tubing Pressure												
Actual Prod. During Test Oil - 8bl				· 8bls.				Water - Bbis.			Gas - MCF		
GAS WELL													
Actual Prod. Test - MCF/D	tual Prod. Test - MCF/D Length of Test						Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr	g Method (pitot, back pr.) Tubing Pressure (Shut-in)						Casing Pressure (Shut-in)			Choke Size			
			1411				1						
VI. OPERATOR CERTIFI								0 0	0110EE	/A	region of the control		
And the second s		, J.						Cir. it.	Oviced			e-	
is true and complete with best			b o							į	f form in	S. M	
Signature			u				Dota	Annroved					
Signature P. N. McGee		Land Manager						Date Approved					
Printed Name	Title					By_	By ORIGINAL SIGNED BY JERRY SEXTON						
	1/6/94			5-5600			Title						
Date			Tek	ephone N	lo.								

INSTRUCTIONS: This form is to be filed in compliance with rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only sections I, II, III, and IV for changes in operator, well name or number, transporter, or other such changes
- 4) Sepreate Form C-104 must be filed for each pool in multiply completed wells.